



Stockbroker Filing Magnetic Media Transmittal

DR-350619
R. 01/04

Dealer File Number: _____

Company Name: _____

Contact Person: _____

Address: _____

Telephone Number: (_____) _____

e-mail address: _____

List all brokerage companies for which you are filing. (Use back or attach additional sheet(s) if necessary.)

Broker FEIN: _____ Dealer File Number: _____

Broker Name: _____

Broker Address: _____

Broker Address: _____

City: _____ State: _____ ZIP: _____

Broker FEIN: _____ Dealer File Number: _____

Broker Name: _____

Broker Address: _____

Broker Address: _____

City: _____ State: _____ ZIP: _____

Broker FEIN: _____ Dealer File Number: _____

Broker Name: _____

Broker Address: _____

Broker Address: _____

City: _____ State: _____ ZIP: _____

Mail to: STOCKBROKER INFORMATION REPORTS
FLORIDA DEPARTMENT OF REVENUE
501 S CALHOUN ST ROOM G-3
TALLAHASSEE FL 32399-0100

DOR USE ONLY

Date Received: _____ Received By: _____

Broker FEIN: _____ Dealer File Number: _____
Broker Name: _____
Broker Address: _____
Broker Address: _____
City: _____ State: _____ ZIP: _____

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